# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA

22-33166

## CHAPTER 13 PLAN AND RELATED MOTIONS

Name of Debtor	(s):	David Warren Carter	Case No:
This plan, dated	Nov	rember 4, 2022 , is:	
		the <i>first</i> Chapter 13 plan filed in this a modified Plan, which replaces the □confirmed or □ unconfirmed Plan	
		Date and Time of Modified Plan Cor	nfirmation Hearing:
		Place of Modified Plan Confirmation	n Hearing:
	The I	Plan provisions modified by this filing	are:
	Credi	itors affected by this modification are:	
1. Notices			
To Creditors:			
	scuss i		be reduced, modified, or eliminated. You should read this plan e in this bankruptcy case. If you do not have an attorney, you may
			rovision of this plan, you or your attorney must file an objection to aring on confirmation, unless otherwise ordered by the Bankruptcy
The Bankruptcy (2) Norfolk and (a) A schedul (1) an a (2) a col	Cour Newp led cor mendensent	ort News Divisions: a confirmation landing mation hearing will not be converted plan is filed prior to the schedule resolution to an objection to confirm	
In addition, you	may	need to file a timely proof of claim in	a order to be paid under any plan.

The following matters may be of particular importance.

Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.

A.	A limit on the amount of a secured claim, set out in Section 4.A which may	☐ Included	■ Not included
	result in a partial payment or no payment at all to the secured creditor		
В.	Avoidance of a judicial lien or nonpossessory, nonpurchase-money	□ Included	■ Not included
	security interest, set out in Section 8.A		
C.	Nonstandard provisions, set out in Part 12	■ Included	☐ Not included

**2. Funding of Plan.** The debtor(s) propose to pay the Trustee the sum of \$\( \bigs\_1,110.00 \) per **month** for **60** months. Other payments to the Trustee are as follows:

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The total amount to be paid into the Plan is \$\_66,600.00\_.

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- **3. Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.
  - A. Administrative Claims under 11 U.S.C. § 1326.
    - 1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10% of all sums received under the plan.
    - 2. Check one box:

  - □ Debtor(s)' attorney has chosen to be compensated pursuant to Local Bankruptcy Rule 2016-1(C)(1)(c)(ii) and must submit applications for compensation as set forth in the Local Rules.
    - B. Claims under 11 U.S.C. § 507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid pursuant to 3.C below:

Creditor	Type of Priority	Estimated Claim	Payment and Term
Internal Revenue Service	Taxes and certain other debts	2,600.00	Prorata
			5 months
Ohio Department of Taxation	Taxes and certain other debts	450.00	Prorata
			5 months
Treasurer of Hanover	Taxes and certain other debts	1,200.00	Prorata
			5 months

C. Claims under 11 U.S.C. § 507(a)(1).

The following priority creditors will be paid prior to other priority creditors but concurrently with administrative claims above.

<u>Creditor</u> <u>Type of Priority</u> <u>Estimated Claim</u> <u>Payment and Term</u>

- 4. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
  - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 4(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 5 of the Plan. The following secured claims are to be "crammed down" to the following values:

Creditor	Collateral	Purchase Date	Est. Debt Bal.	Replacement Value
-NONE-				

### B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a

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non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay under §§ 362(a) and 1301(a) as to the interest of the debtor(s), any co-debtor(s) and the estate in the collateral.

<u>Creditor</u> <u>Collateral Description</u> <u>Estimated Value</u> <u>Estimated Total Claim</u> -NONE-

### C. Adequate Protection Payments.

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 4(D) and/or 7(B) of the Plan, as follows:

<u>Creditor</u> <u>Collateral</u> <u>Adeq. Protection Monthly Payment</u>

To Be Paid By

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 7(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

D. Payment of Secured Claims on Property Being Retained (except those loans provided for in section 6 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation specified in sub-section A and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

CreditorCollateralApprox. Bal. of Debt or "Crammed Down" ValueInterest Rate DescriptionMonthly Payment & Est. Term

-NONE-

#### E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' principal residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 6 of the Plan.

### 5. Unsecured Claims.

- **A. Not separately classified.** Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately **100** %. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately **0** %.
- B. Separately classified unsecured claims.

<u>Creditor</u> <u>Basis for Classification</u> <u>Treatment</u>

- 6. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Principal Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).
  - **A. Debtor**(s) **to make regular contract payments; arrears, if any, to be paid by Trustee.** The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement. A default on the regular contract payments on the debtor(s) principal residence is a default under the terms of the plan.

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Creditor Collateral Regular Estimated Arrearage Estimated Cure Monthly 4 Arrearage 66 Contract Arrearage Interest Rate Period Payment Payment 100.00 0.00% Varo Bank Checking: Varo 0.00 0months **Bank** В. Trustee to make contract payments and cure arrears, if any. The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below. Regular Contract Creditor Collateral Estimated Interest Rate Monthly Payment on **Payment** Arrearage & Est. Term Arrearage Arrearage -NONE-C. Restructured Mortgage Loans to be paid fully during term of Plan. Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows: Creditor Collateral Interest Rate Estimated Claim Monthly Payment & Term -NONE-7. **Unexpired Leases and Executory Contracts.** The debtor(s) move for assumption or rejection of the executory contracts, leases and/or timeshare agreements listed below. **Executory contracts and unexpired leases to be rejected.** The debtor(s) reject the following executory A. contracts: Creditor Type of Contract -NONE-B. **Executory contracts and unexpired leases to be assumed.** The debtor(s) assume the following executory contracts. The debtor(s) agree to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below. Creditor Type of Contract Monthly Payment for Estimated Cure Period Arrearage Arrears -NONE-

- 8. Liens Which Debtor(s) Seek to Avoid.
  - A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

<u>Creditor</u> <u>Collateral</u> <u>Exemption Basis</u> <u>Exemption Amount</u> <u>Value of Collateral</u>

**B.** Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate adversary proceedings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

<u>Creditor</u> <u>Type of Lien</u> <u>Description of Collateral</u> <u>Basis for Avoidance</u>

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### 9. Treatment and Payment of Claims.

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- All creditors must timely file a proof of claim to receive any payment from the Trustee.
- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- If relief from the automatic stay is ordered as to any item of collateral listed in the plan, then, unless otherwise ordered by the court, all payments as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by the plan.
- Unless otherwise ordered by the Court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in the plan.
- 10. Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan.

  Notwithstanding such vesting, the debtor(s) may not transfer, sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 11. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, whether unsecured or secured, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.

1	2.	Nonstand	lard Plan	<b>Provisions</b>
1	⊿.	Tionstant	iai u i iaii	

□ None. If "None" is checked, the rest of Part 12 need not be completed or reproduced.

Under Bankruptcy Rule 3015(c), nonstandard provisions must be set forth below. A nonstandard provision is a provision not otherwise included in the Official Form or deviating from it. Nonstandard provisions set out elsewhere in this plan are ineffective.

The following plan provisions will be effective only if there is a check in the box "Included" in § 1.C.

The Debtor(s) shall pay their Federal Student Loan(s)/U.S. Department of Education Loans outside of the plan. These student loans shall not receive any distributions by the Chapter 13 Trustee under the confirmed plan. The Debtor may enroll or continue enrollment in the Income-Based Repayment Program (IBR) or any other repayment plan offered by the U.S. Department of Education. The Debtor(s) may pay his/her Federal Student Loan(s)/U.S. Department of Education Loans pursuant to the IBR separately and outside of the Plan without disqualification due to this bankruptcy. For so long as the student loans are paid outside of the plan, it shall not be a violation of 11 U.S.C. Sect. 362 or any other applicable law or regulation for the Federal Student Loan(s)/U.S. Department of Education Loans to communicate directly with the Debtor including but not limited to mail, telephone or email. In the event that a different IBR, repayment plan, or loan forgiveness program is offered by Federal Student Loan(s)/U.S. Department of Education Loans, the Debtor(s) shall be permitted to seek participation in such plan or program without disqualification due to this bankruptcy and without further permission of the court. If Debtor(s) is approved for IBR or another repayment plan, he/she will recertify under the applicable IBR/repayment plan annually as required. Federal Student Loan(s)/U.S. Department of Education Loans shall not be required to enroll Debtor(s) in any IBR or repayment plan unless Debtor(s) otherwise qualifies for such IBR or repayment plan. Any unsecured proof of claim for a deficiency which results from the surrender and liquidation of the collateral noted in paragraph 4.B of this plan must be filed within 90 days of the date of the first confirmation order confirming a plan which provides for the surrender of said collateral or such claim will be forever barred. Said unsecured proof of claim for a deficiency must include appropriate documentation establishing that the collateral surrendered has been liquidated, and the proceeds applied in accordance with applicable state law.

Dated: November 4, 2022	
/s/ David Warren Carter	/s/ Robert B. Duke, Jr.
David Warren Carter	Robert B. Duke, Jr.
Debtor	Debtor's Attorney

By filing this document, the Attorney for Debtor(s) or Debtor(s) themselves, if not represented by an attorney, also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in the Local Form Plan, other than any nonstandard provisions included in Part 12.

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Exhibits:	Copy of Debtor(s)' Budget (Schedules I and J); Matrix o	f Parties Served with Plan 22-33	3166
	Certificate of Service		
I certify that on Service List.	November 4, 2022 , I mailed a copy of the foregoing to t	he creditors and parties in interest on the attache	ed
		/s/ Robert B. Duke, Jr.	
		Robert B. Duke, Jr.	
		Signature	
		8501 Mayland Dr. Ste. 106 Henrico, VA 23294	
		Address	
		804-308-0051	
		Telephone No.	
	CERTIFICATE OF SERVICE PURSUA	NT TO RULE 7004	
I hereby certify the following cr	that on November 4, 2022 true copies of the forgoing Cleditor(s):	hapter 13 Plan and Related Motions were served	upon
☐ by first class	mail in conformity with the requirements of Rule 7004(b), Fed	d.R.Bankr.P.; or	
☐ by certified n	nail in conformity with the requirements of Rule 7004(h), Fed.	R.Bankr.P	
		/s/ Robert B. Duke, Jr.	
		Robert B. Duke, Jr.	

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Debtor 1 David Warren Carter    Debtor 2   Check if this is:	ESII.	in this information to ide	antifu value an	001							22-3	3166
Debtor 2   Spower, a firing)   Check if this is:   An amended filing   A supplement showing postpetition chapter   13 income as of the following date:   An amended filing   A supplement showing postpetition chapter   13 income as of the following date:   An amended filing   A supplement showing postpetition chapter   13 income as of the following date:   MM / DD/YYYY   12/15												
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA  Case number	Del	otor 1 Da	avid Warrei	n Carter			_					
Case number  (It known)  Check if this is: An amended filing A supplement showing postpetition chapter 13 incomes as of the following date:  MM / DD/YYYY  12/15  Schedule I: Your Income  Ba a complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse. If sind and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question  Fart 1:  Describe Employment  If you have more than one job, attach a separate page with information.  If you have more than one job, attach a separate page with information.  Include part-time, seasonal, or self-employed work.  Occupation  Cocupation  Cocupation  Employer's name  Employer's name  Employer's address  2105 West Genese St. Suite 100  Syracuse, NY 13219  How long employed there? 3 months  Part 2:  Cive Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2  For Debtor 2  For Debtor 2  For Debtor 3  For Debtor 2  For Debtor 3  For Debtor 4  For Debtor 2  For Debtor 3  For Debtor 3  For Debtor 3  For Debtor 4  For Debtor 4  For Debtor 5  For Debtor 5  For Debtor 6  For Debtor 9  F	1 -						_					
Official Form 106I Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information, if you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question  Fart 1: Describe Employment  1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's anderss  Employer's anderss  Employer's address  Employer's address  Employer's address  2105 West Genese St. Suite 100 Syracuse, NY 13219  How long employed there? 3 months  Fart 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 6,066.67 \$ N/A  3. Estimate and list monthly overtime pay.	Uni	ted States Bankruptcy (	Court for the:	EASTERN DISTRICT	OF VIRGINIA		_					
Schedule I: Your Income  12/15  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question  Part 1:  Describe Employment  If you have more than one job, attach a separate page with information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Debtor 1  Debtor 2 or non-filling spouse  Employed    Employed   Employed   Mot e								☐ An am	nende pleme	nt showin		
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supplying correct information. If you are married and not filling jointly, and your spouse is lowing with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information.  If you have more than one job, attach a separate page with information.  If you have more than one job, attach a separate page with information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Include part-time, seasonal, or self-employed work.  Occupation and integrated Construction & Power Systems  Occupation and integrated Construction & Power Systems  Employer's address  Employer's address  Employed there? 3 months  Employer's address  2105 West Genese St. Suite 100  Syracuse, NY 13219  How long employed there? 3 months  Fart 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.  If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filling spouse  List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 6,066.67 \$ N/A  List monthly overtime pay.				ome				IVIIVI /	ו וטט	111		12/15
If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation  Employer's name  Employer's address  Employer's address  2105 West Genese St. Suite 100  Syracuse, NY 13219  How long employed there? 3 months  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 6,066.67 \$ N/A  N/A	sup spo atta	plying correct informa use. If you are separat ch a separate sheet to	ation. If you a ted and your this form. C	are married and not filir spouse is not filing wi	ng jointly, and your th you, do not inclu	spouse i de infori	is livir matior	ng with you n about you	ı, inclu ur spo	ide inforr use. If mo	mation about ore space is	your needed,
If you have more than one job, attach a separate page with information about additional employers.  Occupation  Employed  Not em	1.		ent		Debtor 1			Del	btor 2	or non-fi	iling spouse	
artach a separate page with information about additional employers.    Not employed   Not employ	lf :		one iob.			■ Employed			_			
Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's name  Employer's address  2105 West Genese St. Suite 100 Syracuse, NY 13219  How long employed there? 3 months  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 6,066.67 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A		attach a separate pag	page with	Employment status	☐ Not employed			☐ Not employed				
Self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  Employer's address  2105 West Genese St. Suite 100 Syracuse, NY 13219  How long employed there? 3 months  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filling spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 6,066.67 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A		employers.		Occupation	Electrician							
Occupation may include student or homemaker, if it applies.  Employer's address  2105 West Genese St. Suite 100 Syracuse, NY 13219  How long employed there?  3 months  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filling spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 6,066.67 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A			sonal, or	Employer's name	•							
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filling spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A				Employer's address	2105 West Gene 100	ese St.	Suite					
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A				How long employed the	nere? 3 mont	hs						
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$	Par	t 2: Give Details	About Mon	thly Income		-			-			
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 6,066.67 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A	Esti spou	mate monthly income use unless you are sepa u or your non-filing spor	as of the da arated. use have mo	te you file this form. If y	J		Í	, .		•	,	Ü
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 6,066.67 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A	more	e space, attach a separ	ate sneet to t	nis form.				For Dobtor	4	For Do	htor 2 or	
2. deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 6,066.67 \$ N/A  3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A								For Deptor	1			
	2.					2.	\$_	6,066	6.67	\$	N/A	
4. Calculate gross Income. Add line 2 + line 3. 4. \$ 6,066.67 \$ N/A	3.	Estimate and list mo	onthly overti	me pay.		3.	+\$_	0	0.00	+\$	N/A	
	4.	Calculate gross Inco	ome. Add line	e 2 + line 3.		4.	\$_	6,066.6	5 <b>7</b>	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Debto	r 1	David Warren Carter	-	С	ase number (if knov	vn)		22-3	33166
					For Debtor 1			Debtor 2 or -filing spouse	
	Cop	by line 4 here	4.		\$6,066.6	<u> </u>	\$	N/A	_
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$ 858.8	32	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$ 0.0		\$	N/A	_
	5c.	Voluntary contributions for retirement plans	5c	:.	\$ 0.0		\$	N/A	=
	5d.	Required repayments of retirement fund loans	5d	l.	\$ 0.0	00	\$	N/A	_
	5e.	Insurance	5e	<del>)</del> .	\$ 0.0	00	\$	N/A	-
	5f.	Domestic support obligations	5f.		\$ 0.0	00	\$	N/A	_
	5g.	Union dues	5g	•	\$0.0		\$	N/A	_
	5h.	Other deductions. Specify: Est. health insurance deduction	5h	1.+	\$ <u>121.3</u>	33	+ \$	N/A	-
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	\$ 980.1	15	\$	N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	;	5,086.5	52	\$	N/A	_
	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$ 0.0	10	\$	N/A	
	8b.	Interest and dividends	8b		\$ 0.0 \$		-\$-	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			\$ 0.0		* \$	N/A	_
	8d.	Unemployment compensation	8d		\$ 0.0		\$_	N/A	_
	8e.	Social Security	8e		\$ 0.0		\$	N/A	_
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g		\$		\$ \$	N/A N/A	_
	8h.	Other monthly income. Specify:					+ \$	N/A	=
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.0	00	\$	N//	<b>A</b>
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	5,086.52 +	\$		N/A = \$	5,086.52
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-	0,000.02				0,000.02
11.	Star Incliothe Other	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:	depe					Schedule J.	0.00
,		If the amount in the last column of line 10 to the amount in line 11. The respect that amount on the Summary of Schedules and Statistical Summary of Certain lies						12. \$	5,086.52
		you expect an increase or decrease within the year after you file this form No.	?					Combi monthl	ned y income
		Yes. Explain: Health insurance to begin; will be paid per diem	from	ı en	nplover				

Official Form 106l Schedule I: Your Income page 2

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22-33166

Fill	in this information to identify your case:				22-33100
Deb	otor 1 David Warren Carter		Ch	eck if this is:	
	David Wallon Gallon			An amended filing	1
Deb	otor 2				owing postpetition chapter
(Sp	ouse, if filing)			13 expenses as o	of the following date:
Unit	ted States Bankruptcy Court for the: _EASTERN DISTRICT OF VIRGIN	IA		MM / DD / YYYY	
Cas	se number				
(If k	nown)				
0	fficial Form 106J				
S	chedule J: Your Expenses				12/15
Be info	as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this famber (if known). Answer every question.				
Par 1.	t 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate House	hold of De	ebtor 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				☐ Yes
					□ No
					_ Pyes
					□ No
					Yes
					□ No
3.	Do your expenses include				_ Yes
0.	expenses of people other than yourself and your dependents?				
	t 2: Estimate Your Ongoing Monthly Expenses				
exp	timate your expenses as of your bankruptcy filing date unless y benses as of a date after the bankruptcy is filed. If this is a supp blicable date.				
	lude expenses paid for with non-cash government assistance it value of such assistance and have included it on Schedule I: Y				
	ficial Form 106I.)	our income		Your ex	penses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	e 4.	\$	525.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.	\$	0.00
	4c. Home maintenance, repair, and upkeep expenses		4c.		0.00
_	4d. Homeowner's association or condominium dues	, .	4d.	·	0.00
5.	Additional mortgage payments for your residence, such as hor	me equity loans	5.	\$	0.00

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Deb	otor 1 David Warren Carter	Case number (if known)	22-33166
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a. \$	0.00
	6b. Water, sewer, garbage collection	6b. \$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	292.00
	6d. Other. Specify:	6d. \$	0.00
7.	Food and housekeeping supplies	7. \$	471.00
8.	Childcare and children's education costs	8. \$	0.00
9.	Clothing, laundry, and dry cleaning	9. \$	100.00
	Personal care products and services	10. \$	45.00
11.		11. \$	75.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.	12. \$	300.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	100.00
	Charitable contributions and religious donations	14. \$	322.00
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a. \$	0.00
	15b. Health insurance	15b. \$	0.00
	15c. Vehicle insurance	15c. \$	86.00
40	15d. Other insurance. Specify: <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.	15d. \$	0.00
	Specify: PP tax	16. \$	7.00
17.	Installment or lease payments: 17a. Car payments for Vehicle 1	17a. \$	0.00
	17b. Car payments for Vehicle 2	17b. \$	0.00
	17c. Other. Specify: Anticipated storage unit rental	17c. \$	55.00
	17d. Other. Specify:	17d. \$	0.00
18.	Your payments of alimony, maintenance, and support that you did not repo deducted from your pay on line 5, Schedule I, Your Income (Official Form 10	rt as	0.00
19.	Other payments you make to support others who do not live with you.	\$	0.00
	Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on		
	20a. Mortgages on other property	20a. \$	0.00
	20b. Real estate taxes	20b. \$	0.00
	20c. Property, homeowner's, or renter's insurance	20c. \$ 20d. \$	0.00
	<ul><li>20d. Maintenance, repair, and upkeep expenses</li><li>20e. Homeowner's association or condominium dues</li></ul>	20d. \$ 20e. \$	0.00
21		21. +\$	0.00
۷۱.	Other: Specify: Emergency funds		50.00
	Unreimbursed job expenses		60.00
22.	Calculate your monthly expenses		
	22a. Add lines 4 through 21.	\$	2,488.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106	J-2 \$	
	22c. Add line 22a and 22b. The result is your monthly expenses.	\$	2,488.00
23.	Calculate your monthly net income.		
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	5,086.52
	23b. Copy your monthly expenses from line 22c above.	23b\$	2,488.00
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	2,598.52
24.	Do you expect an increase or decrease in your expenses within the year aft For example, do you expect to finish paying for your car loan within the year or do you expect modification to the terms of your mortgage?  ☐ No.		or decrease because of a
	Yes. Explain here: <b>Student loans in deferment</b>		

22-33166

Aldous and Associates, PLLC Attn: Bankruptcy Po Box 171374 Holladay, UT 84117

Aspire Credit Card Attn: Bankruptcy Po Box 105555 Atlanta, GA 30348

Capital One Attn: Bankruptcy P.O. Box 30285 Salt Lake City, UT 84130

Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

Crunch 215 W 23rd St New York, NY 10011

Ford Motor Credit Company LLC One American Rd Dearborn, MI 48126-2701

Ford Motor Credit Company LLC c/o Randolph, Boyd, Cherry & V 13 East Main Street Richmond, VA 23219

Hanover County GDC P. O. Box 176 Hanover, VA 23069-0176

Internal Revenue Service Centralized Insolvency Operati P.O. Box 7346 Philadelphia, PA 19101-7346

Midland Fund Attn: Bankruptcy 350 Camino De La Reine, Suite 100 San Diego, CA 92108

22-33166

Ohio Department of Taxation PO Box 182401 Columbus, OH 43218-2401

Professional Financial Service 181 Security Pl Spartanburg, SC 29307

Treasurer of Hanover P.O. Box 200 Hanover, VA 23069

U.S. Attorney 919 E Main St #1900 Richmond, VA 23219

US Department of Education 400 Maryland Avenue, SW Washington, DC 20202

Varo Bank Attn: Bankruptcy 222 Kearny Street 9th Floor San Francisco, CA 94108